

## The Town of Elsmere

11 Poplar Avenue, Elsmere, Delaware 19805 Phone (302) 998-2215 Fax (302) 998-9920

## **Application for Hearing**

## **Board of Adjustment**

## **Planning Commission**

Petition # Filing Fee:	Date Received	Received by:		
Subject Property:				
Property is: Residential		Commercial		
Tax Parcel #	_ Zoning Distri	ct:		
Applicant name:				
Address:	Telo	ephone #		
City:	State:	Zip Code:		
Application for Planning Commission	Review of:			
Application for Zoning Variance Rela				
Front yard setback		Lot Coverage		
Rear yard setback		Fencing		
Side yard setback		Parking requirements		
Lot Area		Signage		
Application for Special Exception Use Permit for the following use:				
Application for Appeal of an Administr	ative decision:			
By:	Date	e:		
For the following reasons:				
Application for relief other than above	:			

State reasons for this reques	t:			
Has a previous application f	For this property been filed wi	th the Town? Yes	No	
If yes, Petition #				
If the applicant is not the Le	egal Owner of the property:			
Legal owner information:				
Name:				
Address:	Telej	Telephone #		
City:	State:	Zip Code:		
Please submit the following	with this petition:			
the layout, size, and	in showing the following: loc l location of existing structure cation of any proposed structu	es on the property; a diagram		
NOTE: THE BOAF	restrictions on the property. RD OF ADJUSTMENT OR F PPLICATION PROHIBITEI			
• Filing fee, payable	to the Town of Elsmere.			
agrees to the filing of this ap	tifies that the legal owner of topplication, that the information of the Town of Elsmere Boa	on submitted herein is correct	, and agrees	
NOTE: The legal owner of	r his/her authorized represe	entative must sign this form	1.	
Applicant's Signature:		Date:		
Legal Owner's Signature: _		Date:		
In addition to the persons lis	sted above please send copies	of all correspondence to:		
Name:				
Address:	Tele	Telephone #		
City:	State:	Zip Code:		